

Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 - Division of Regulation and Licensure
Chapter 40 – Comprehensive Emergency Medical Services Systems Regulations
PROPOSED REGULATIONS (February 26, 2010)

19 CSR 30-40.XXX Definitions and Abbreviations Relating to Stroke Centers

PURPOSE: This rule defines terminology related to stroke centers

(1) The following definitions and abbreviations shall be used in the interpretation of the rules in 19 CSR 30-40.xxx to 19 CSR 30-40.xxx:

- (A) **Anesthesiologist assistant (AA)** means a person who meets each of the following conditions:
 - 1. Has graduated from an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency;
 - 2. Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants;
 - 3. Has active certification by the National Commission on Certification of Anesthesiologist Assistants; is currently licensed as an anesthesiologist assistant in the state of Missouri; and
 - 4. Provides health care services delegated by a licensed anesthesiologist. For the purposes of subsection (1) (B), the licensed anesthesiologist shall be "immediately available" as this term is defined in section 334.400 RSMo;
- (B) **Board-admissible** means that a physician has applied to a specialty board and has received a ruling that she has fulfilled the requirements to take the examinations. Board certification must be obtained within five (5) years of the first appointment;
- (C) **Board-certified** means that a physician has fulfilled all requirements, has satisfactorily completed the written and oral examinations, and has been awarded a board diploma in a specialty field;
- (D) **Certified registered nurse anesthetist (CRNA)** means a registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and who has been certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists;
- (E) **Clinical staff** is an individual that has specific training and experience in the treatment and management of stroke patients. Examples include physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists;
- (F) **Clinical team** is a team of healthcare professionals involved in the care of the stroke patient and may include but not be limited to neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine, and other stroke center clinical staff. The clinical stroke team is part of the hospital stroke program's stroke team;
- (G) **Continuing medical education (CME)** means continuing medical education and refers to the highest level of continuing education approved or recognized by a national and/or state professional organization and/or stroke medical director;
- (H) **Continuing education** means education approved or recognized by a national and/or state professional organization and/or Stroke medical director;
- (I) **Core team** consists of a physician experienced in diagnosing and treating cerebrovascular disease, usually the stroke medical director, and at least one other healthcare professional or

- qualified individual competent in stroke care as determined by the hospital, usually the stroke program manager/coordinator; the core team is part of the hospital stroke team;
- (J) **Credentialed or credentialing** is a hospital-specific system of documenting and recognizing the qualifications of medical staff and nurses and authorizing the performance of certain procedures and establishing clinical privileges in the hospital setting;
 - (K) **Department** refers to the department of health and senior services, state of Missouri;
 - (L) **Emergency medical service regions** consist of six regions in the state. Counties that are included in each of these regions are defined in state regulation (19 CSR 30.302);
 - (M) **Hospital** means an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, RSMo, or a hospital operated by the state;
 - (N) **IA (Immediately available)** means being present at bedside at the time of the patient's arrival at the hospital when prior notification is possible and no more than twenty (20) minutes from the hospital under normal driving and weather conditions;
 - (O) **IH (In-house)** means being on the hospital premises twenty-four (24) hours a day;
 - (P) **Liaison** means one (1) physician representative from each of the following: neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, intensivists emergency medicine physicians, and other stroke center clinical staff who is selected to attend the performance improvement and patient safety committee and to disseminate information to the other physicians within his/her specialty caring for stroke patients;
 - (Q) **Missouri stroke registry** is a statewide data collection system comprised of key data elements as defined by the department of health and senior services used to compile and trend statistics of stroke patients in both pre-hospital and hospital settings, using a coordinated electronic reporting method provided by the Missouri department of health and senior services;
 - (R) **Multidisciplinary team** is a team of appropriate representatives of hospital units involved in the care of the stroke patient. This team supports the care of the stroke patient with the stroke team;
 - (S) **Neuro-interventional team** includes the physicians, nurses and other clinical staff, and technical support that perform the neuro-interventions and is part of the clinical stroke team;
 - (T) **PA (Promptly available)** means arrival at the hospital at the patient's bedside within thirty (30) minutes after notification of a patient's arrival at the hospital;
 - (U) **Patient** is an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or cemeteries, and individuals declared dead prior to the time an ambulance is called for assistance;
 - (V) **Physician** is a person licensed as a physician pursuant to chapter 334, RSMo;
 - (W) **Protocol** is a predetermined, written medical care guideline, which may include standing orders;
 - (X) **Qualified individual** is a physician, registered nurse, nurse practitioner, and physician assistant that demonstrates administrative ability and shows evidence of educational preparation and clinical experience in the care of cerebrovascular patients and is licensed by the state of Missouri;
 - (Y) **R (Requirement)** is a symbol to indicate that a standard is a requirement for Stroke center designation at a particular level;
 - (Z) **Repatriation** is the process used to return a stroke patient to their home community from a Level I or Level II stroke center after their acute treatment for stroke has been completed. This

- allows the patient to be closer to home for continued hospitalization or rehabilitation and follow-up care as indicated by the patient's condition;
- (AA) **Review** is the inspection of hospitals to determine compliance with the rules of this chapter. There are four (4) types of reviews: the initial review of hospitals never before designated as stroke centers or hospitals never before reviewed for compliance with the rules of this chapter or hospitals applying for a new level of stroke center designation; the verification review to evaluate the correction of any deficiencies noted in a previous review; the validation review, which shall occur at least every four (4) years to assure continued compliance with the rules of this chapter; and a focus review to allow review of substantial deficiencies by a review team;
 - (BB) **Stroke** is a condition of impaired blood flow to a patient's brain resulting in brain dysfunction;
 - (CC) **Stroke call roster** is a schedule of licensed health professionals available twenty-four (24) hours a day, seven (7) days a week for the care of the stroke patient;
 - (DD) **Stroke care** includes emergency transport, triage, and acute intervention and other acute care services for stroke that potentially require immediate medical or surgical intervention or treatment, and may include education, primary prevention, acute intervention, acute and sub-acute management, prevention of complications, secondary stroke prevention, and rehabilitative services;
 - (EE) **Stroke center** is a hospital that is currently designated as such by the department to care for patients with stroke; Level I is a receiving center staffed and equipped to provide total care for every aspect of stroke care, including care for those patients with complications, it functions as a resource center for the hospitals within that region, and conducts research. Level II is a receiving center staffed and equipped to provide care for a large number of stroke patients within the region; Level III is a drip and ship referral center that provides prompt assessment, indicated resuscitation and appropriate emergency intervention for stroke patients to stabilize and arrange timely transfer to a higher level stroke center, as needed. A Level III center may admit and monitor patients as in-patients if there are designated stroke beds and an established relationship exists with a Level I or Level II stroke center through which the Level I or Level II stroke center provides medical direction and oversight for those stroke patients kept at the Level III center under that relationship. Level IV is a referral center in an area considered rural or where there are insufficient hospital resources to serve the patient population requiring stroke care. The Level IV center provides prompt assessment, indicated resuscitation, appropriate emergency intervention, and arranges and expedites transfer to a higher level stroke center as needed;
 - (FF) **Stroke medical director** is a physician designated by the hospital who is responsible for the stroke service and performance improvement and patient safety programs related to stroke care;
 - (GG) **Stroke program manager/coordinator** is a registered nurse or qualified individual designated by the hospital with responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director;
 - (HH) **Stroke program** is an organizational component of the hospital specializing in the care of stroke patients;
 - (II) **Stroke team** is a component of the hospital stroke program and consists of the core stroke team and the clinical stroke team;
 - (JJ) **Supervised relationship** is a formally established and pre-planned relationship in which a physician from a Level I or Level II center supervises a physician in a Level III center in the

evaluation of a stroke patient for lytic therapy and the care of the patient post-lytic therapy in certain circumstances where that Level III center does not transfer the patient to a higher level center. In this setting, management decisions, including but not limited to administration of lytic therapy, transfer or non transfer of patient, and post-lytic therapy are made jointly between the supervising and supervised physician. Care protocols and pathways for patients that fall into this category shall be established by both parties at the outset of the establishment of the relationship. This relationship shall include supervision of patient care and may also include, but not be limited to observation of patient care, review of Level III center's patient encounters, review of Level III center's outcomes, evaluation of the Level III center's process pertaining to stroke patients and lytic therapy, and guidance on methods to improve process, performance, and outcomes;

- (KK) **Telemedicine** is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. A neurology specialist will assist the physician in the center in rendering a diagnosis. This may involve a patient "seeing" a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to the specialist.